



Registration Form For Pesticide Application Business

Print or type unless otherwise noted. Retain a copy for your records. Each business location and/or name must be registered separately. Renewal forms must reach the DEP on or before August 31st.

Report change of address or other changes in your business operations in writing within thirty (30) days to the DEP, Bureau of Waste Management, Pesticide Management Program, 79 Elm Street, Hartford, CT 06106-5127.

DEP USE ONLY

Form Number _____

Amount _____

Check # _____

Bank _____

TS No. _____

Date of Expiration: _____

Business Registration No. B- _____

Part I. Registration Type

Enter a check mark in the appropriate box identifying the registration type.

This registration is for (check one):

☐ A new registration

☐ A renewal of an existing business registration.

For renewals, enter existing registration number:
B- _____

Part II: Fee Information

☐ **Business employs more than one certified applicator.**

Annual fee of \$120 must be submitted with application.

☐ **Business employs only one certified applicator.**

Business is exempt from \$120 annual fee. If business employs or subcontracts any additional applicators, the \$120 fee must be submitted to DEP.

Please make check or money order payable to the Department of Environmental Protection.

Part III: Business Information

1. Business Name:

Physical Business Location [No PO Box]:

City/Town:

State:

Zip Code:

2. Mailing Address:

City/Town:

State:

Zip Code:

3. Business Phone:	ext.	Fax:
E-mail Address:		
4. Responsible individual for above named business:		
Residential address:		
City/Town:	State:	Zip Code:
Residential Phone:	Cell Phone:	

Part IV. Certified Supervisor Pesticide Applicator Information

Certified supervisor pesticide applicator(s) for above business address.				
1. Name(s) and certificate numbers of each responsible certified supervisor pesticide applicator(s):				
Supervisor certification no.	Last name	First name	MI	Cateory(ies) held
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.				

Part V. Operational Pesticide Applicator Information

Responsible certified operational pesticide applicator(s) for above business address.			
1. Name(s) and certificate numbers of each responsible certified operational pesticide applicator(s):			
Certification no.	Last name	First name	MI
0-			
0-			
0-			
0-			
0-			
0-			
0-			
0-			
0-			
0-			
0-			
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.			

Part VI: Integrated Pest Management (IPM) Information

Integrated Pest Management (IPM) is the use of all available pest control techniques including judicious use of pesticides, when warranted, to maintain a pest population at or below an acceptable level, while decreasing the unnecessary use of pesticides.			
Indicate the percentage of IPM work to be performed by this business in the table below.			
____ 1a) Agricultural Plant	____ 5) Aquatic Pest Control	____ 7d) Rodent	____ 7i) Cooling Tower
____ 2) Forest Pest Control	____ 6) Right of Way	____ 7e) Bird	____ 8) Public Health
____ 3a) Ornamental & Turf	____ 7a) General Pest	____ 7f) Mosquito & Biting Flies	____ 9) Regulatory
____ 3c) Interior Landscape	____ 7b) Termites & W.D.O.	____ 7g) Wood Preservation	____ 10) Demonstration & Research
____ 3d) Arborist	____ 7c) Fumigation	____ 7h) TBT	____ Aircraft

Part VII: Subcontracting Information

If you are subcontracting your commercial pesticide applications, please complete this section.

1. Business Name and Mailing Address of Subcontractor		
Business Name:	Business Reg. No. B-	
Mailing Address:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
E-mail Address:		
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.		

Part VIII: Certification of Accuracy

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Certified Supervisor Pesticide Applicator for Subcontractor (if applicable)	Date
Name of Certified Supervisor Pesticide Applicator for Subcontractor (print or type)	Title (if applicable)

Mail completed Registration Form for Pesticide Application Business and fee (if applicable) to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127